

ANALYTICAL AND BIBLIOGRAPHICAL NOTICES.

ART. XXII.—*The Manchester Medical and Surgical Reports*, October, 1870.
Editors, S. MESSENGER BRADLEY, F.R.C.S., WALTER WHITEHEAD, F.R.C.S.
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THE editors in the preface to this volume modestly call attention to the fact that, although Manchester, with its suburbs, contains a population of over two millions, and medical charities to the number of fifty, and has had abundant opportunities to make herself a great centre for observation, "she has hitherto been silent, as though she were not in the world of medical literature." The volume is issued in the hope that it may remove the slur of professional apathy from the fair fame of the city, and endow her with a voice with which she may make herself heard and respected in the land. How well this object has been carried out we propose to show our readers by placing before them abstracts of the papers.

We shall call attention first to the medical papers.

Hydatids of the Brain. By JOHN ED. MORGAN, M.D., Oxon.—This paper opens with a detailed history of the symptoms observed in the case of a little girl, seven years of age, who died at the Manchester Infirmary, and at whose autopsy a large hydatid cyst, weighing sixteen and a half ounces, and occupying the anterior and middle lobe of the right hemisphere of the brain, was found. The cyst extended inwards in the direction of the lateral ventricle, from which it was separated by a thin translucent layer of brain tissue; a considerable portion of the corpus striatum and a smaller part of the optic thalamus being removed by the gradually increasing pressure of the cyst. It was not enveloped in a fibrous capsule, as is the case usually with hydatids found in other parts of the body, but came itself in immediate contact with the cerebral substance, which was otherwise entirely free from disease, not merely in the parts immediately surrounding the cyst, but elsewhere. Four smaller cysts, each about as large as an egg, were discovered in other organs of the body—one in the left lung, two in the right lung, and one in the anterior border of the right lobe of the liver. These cysts differed from the large hydatid in the brain, in being firmly attached to the tissues by which they were surrounded, and with which they were in vascular connection. The other organs of the body were perfectly healthy.

About a year before the child's death she had been suddenly attacked with convulsive fits, and from these her friends date the commencement of her illness. The fits were followed by a feeling of numbness and loss of power in the lower extremities, to which was shortly added an inability to control the sphincters. The mental faculties next became affected; but although the child looked dull, when roused she could answer questions intelligently. When first seen by Dr. Morgan, she is described as having the ruddy complexion of a country-reared child; but "in spite of this apparent look of health, there is an anxious expression about the face, and her forehead droops forward as though her head needed support, which she tried to afford it by constantly resting it upon one

or other of her hands." Her pulse was seventy-two, soft and compressible. Temperature 98.8°. Both pupils considerably, but equally, dilated. No paralysis of the eyeballs on either side, nor of any of the facial muscles. Loss of power in the lower extremities, but at no time paralysis of the arms. No apparent diminution of cutaneous sensibility in any part. The sight was lost. These symptoms continued until her death, the intellectual faculties never having been entirely lost, nor the speech having been at all affected.

Dr. Morgan has collected fifty-four cases, in which hydatids of the brain are said to have occurred; but in fourteen the accounts given of the parasites either point to the *cysticercus cellulosæ*, or are not sufficiently accurate to justify us in classing them among the hydatids. The remaining cases have been tabulated and appended to the paper. The cyst in the case reported by him is the largest single hydatid of which there is any record; in one instance, however, a "mass of hydatids was found in the right hemisphere, and in the lateral ventricle, the contents of which are said to have measured two and a half pounds of fluids." Hydatid cysts, situated in either of the cerebral hemispheres, or in the lateral ventricles, and not encroaching to any extent upon the central parts of the encephalon, may frequently acquire a very considerable size before they prove fatal. When, however, they are located in the immediate vicinity of the pons Varolii or medulla oblongata; and when, also, several hydatids are scattered through various parts of the brain, or press upon its surface, life is usually cut off when they are still comparatively small. In one case, which came under the observation of M. Blin, one hydatid, no larger than a small nut, situated on the upper surface of the left side of the cerebellum, was the cause of sudden death. The largest hydatids have always been found in young children; this the author attributes partly to the fact that in early life, before the ossification of the calvarium is complete, the bones yield to some extent when pressure is exerted upon them from within, and partly also to the greater tolerance of rough treatment which characterizes the brains of young children. Another point of interest in Dr. Morgan's case is the fact that the cyst was not a barren one, but contained within its cavity vast numbers of echinococci. Among the forty cases in this table, there are only two others in which scolices were discovered. The unattached state of the hydatid in the brain which existed in this case is recorded as having been present in several other cases.

In regard to the symptoms noted in the forty cases which are tabulated, Dr. Morgan has found that headache is almost constantly observed in those who suffer from hydatids of the brain. Next in frequency come affections of the special senses, among which loss of sight is frequently alluded to, and its frequent occurrence will sometimes enable us to diagnose this affection from abscess of the brain; for, out of seventy-three cases of the latter disease collected by Dr. Gull and Dr. Sutton, sight was only defective in three. Epileptiform convulsions were observed in nineteen of the forty cases.

Two cases of recovery from hydatids of the brain have been recorded and are here referred to.¹ In both of these hydatid cysts were discharged. Hence, Dr. Morgan is not inclined to look upon the prognosis as utterly hopeless, but recommends operative interference.

"After removing," he says, "a portion of the calvarium, a syringe with a trocar and canula attached might be carefully inserted through the membranes into that portion of the brain in which the cyst is suspected to be met with, and

¹ One of these cases was made the care of M. Moulinié, and is transcribed by M. Davaine into his "*Traité des Entozaires*;" the other is reported by Dr. Fletcher in the *Association Medical Journal* for 1855.

its contents evacuated. The experience derived from sheep, in similar cases, seems to show that a fine trocar or wire may be passed, with a tolerable degree of safety, through the several lobes of one or other of the hemispheres, provided care be taken to avoid injury to the central parts of the brain and cerebellum. In referring to the hydatid found within the skull of my little patient, I remarked that so soon as even the walls of the cyst were punctured, the aperture continued to enlarge till the pouch finally rolled over upon itself. In some cases, then, it might simply be necessary to puncture the cyst."

He recommends, however, that the operation should only be performed in young subjects, as hydatids are infrequent, and the chances of error greater in those advanced in life.

Much importance is attached by the author to the fact that hydatid cysts very rarely give rise to inflammation or congestion of the cerebral substance immediately surrounding them, but produce atrophy of all of the parts of the encephalon on which they encroach; taking themselves the place of the structures they may happen to invade. As the symptoms ordinarily attributed to a cerebral tumour are really dependent upon the local changes which it induces in the surrounding tissues, it hence follows that an hydatid cyst may exist for a long time without making its presence known. In cases of cancer of the brain, we would have the great emaciation which usually attends malignant diseases to guide us to a correct diagnosis. Scrofulous or tubercular tumours of the brain rarely occur in subjects free from other manifestations of the corresponding diathesis, and a syphilitic growth may generally be diagnosed from a consideration of the history and of the concomitant symptoms. Our author has, however, forgotten another form of tumour of the brain, at least as common as hydatids. We refer to cerebral aneurism. In this affection we may have the same absence of symptoms of local irritation, and of those of constitutional disease, and a differential diagnosis must, in many cases, therefore, be impossible.

On the Cause and Effects of Reflex Nervous Irritation. By ARTHUR RANSOME, M.B.—In the case reported in this paper various nervous symptoms, most evident on the right side of the body, were attributed by Mr. Ransome to the irritation set up in consequence of an abscess seated "between the uterus and the rectum, a little to the right side." The following are some of the symptoms observed. Contraction of the right pupil. Œdema and erysipelatous blush of the right side of face. Hyperæsthesia and increased sensitiveness to the galvanic current of the right side of neck. Twitching of the right leg and arm. Partial paralysis of the bowels; and unequal perspiration of the two sides of the body, and albuminuria. After death, both the kidneys were found to be diseased, but the right was almost pulpy from the amount of degeneration.

Syphilitic Post-partum Hemorrhage. By S. MESSENGER BRADLEY, F.R.C.S.—Mr. Bradley reports in this paper a case in which excessive hemorrhage from the uterus occurred a week after labour, and persisted in spite of the use of astringent injections, only yielding when mercurial preparations were employed. In two instances in which he had opportunity of inspecting the uteri of women who died of phthisis while suffering from syphilis, shortly after their confinement, he found the organ large, imperfectly involuted, the mucous membrane turgid and thick, with numerous eroded circular patches scattered over its surface, much resembling in appearance syphilitic ulcers of the fauces, and the uterine tissues soft and pliable throughout.

Remarks on One Hundred and Thirteen Cases of Forceps Delivery. By J. THORBURN, M.D.—Dr. Thorburn presents an analysis of these one hundred and

thirteen cases of forceps delivery, occurring in various classes of life, as a contribution towards the Statistics of the Results of Midwifery Operations. In this number but one death occurred after the application of the forceps, and in this case it does not appear that death could have been at all referred to the operative interference with the labour, a result which demonstrates conclusively the want of reality of the dangers so often attributed to it. Twenty-three of the children were born dead; but in the delivery of nine of these, after the failure of the forceps, other means, as turning and craniotomy, were resorted to, leaving only fourteen deaths in the one hundred and three cases in which the forceps were alone used. There are some other valuable points in the analysis of his cases, but for these we must refer the reader to the paper itself.

On Vaso-Respiratory Physical Signs. By J. THORBURN, M.D.—The modifications of the respiratory sounds produced by the action of the heart, under certain circumstances, form in part the subject of this paper. As most of these are familiar to well-educated physicians, it is not worth while to repeat them here, except to mention that Dr. Thorburn speaks of a pulsatile crepitation due to the action of the heart upon a diseased lung; and of a pulsatile respiratory murmur, the mode of production of which is analogous to the preceding. He calls attention also to the fact that a cardiac murmur may occasionally be distinctly heard after full expiration, in consequence of the withdrawal of the lungs from over the heart, when at other times it is inaudible, and says that no careful auscultator ever considers his examination of the heart complete if it be not auscultated under these circumstances. This is perhaps true; but Dr. Thorburn does not seem to be aware that a murmur is sometimes caused by the prolonged holding of the breath,¹ a fact perfectly well known to most expert auscultators, who prefer that the examinations should be made while the patient is breathing tranquilly.

A Case of Disease of the Lymphatics of the Abdominal Integuments, with Occasional Discharge of Large Quantities of a Chylous Fluid. By WILLIAM ROBERTS, M.D.—There are very few cases on record similar to the one reported in this paper by Dr. Roberts, and its value has been much increased by the care with which the notes have been prepared for publication. The patient was a man, æt. forty-five, who had until about three years before his death enjoyed good health. At that time, however, he began to suffer from a succession of large abscesses, principally seated on the trunk. After all the abscesses had healed, he picked off a scab which still remained in the right iliac region, and immediately a pale watery fluid, exactly like gum-water, began to exude. He estimated the amount of fluid that escaped on this occasion at two or three pints. Soon after, he noticed ten or a dozen pale, transparent vesicles, no larger than pins' heads, scattered in the right iliac region. Later, they became more numerous, and dotted the lower part of the abdomen on both sides of the middle line, almost as low as the pubes on the one hand, and as high as the umbilicus on the other. At the time of admission into the Manchester Royal Infirmary, his general condition was noted as good—there was no fever, the temperature being only 97.4° in axilla. The total number of vesicles is said to have been about two hundred and fifty. In their normal state they were closed, but a slight violence was sufficient to rupture them. The quantity of liquid discharged varied. On some days it would amount to several pints; on others, it would be only sufficient to moisten the cloths with which the patient girded himself. The character of the discharge also varied. Sometimes it was like thick milk; sometimes like

¹ See Dr. Da Costa's paper "On Functional Valvular Disorders of the Heart," in the number of this Journal for July, 1869.

skimmed milk, and sometimes perfectly pale, like gum-water. After standing a few minutes it set into a tremulous jelly. In a few hours there was a separation into clot and serum. It contained albumen, fibrin, and fat, but no casein. The vesicles were always fuller and whiter after a meal; but when the patient was feverish, they became pale and flaccid. When a vesicle was gently pressed with the tip of the finger, it was immediately emptied; its fluid contents escaping into the deeper parts. After the pressure was withdrawn, the vesicle slowly filled again. The fluid was compared with some chylous urine, which a patient in the ward at the same time was passing, and neither chemically (excepting proper urinary ingredients) nor microscopically could any distinction be made between them—a result which was rendered still more interesting by the fact that Dr. Roberts' patient did actually pass, on two separate days, chylous urine. The temperature was always low until near the close of his life, when it rose in consequence of the supervention of acute tuberculosis, of which he died on May 22d.

We extract from the notes of the autopsy the following account of the examination of the skin in the diseased area:—

“On making a vertical section through the skin and subjacent parts, it was at once perceived that the disease involved essentially the *cutis vera* and the subcutaneous tissue. The tendinous, muscular, and peritoneal strata were in every respect normal. The skin was immensely thickened, and formed, with the subcutaneous tissue to which it was structurally united, a thick pad or layer of tissue, varying from half an inch to an inch thick. When fresh, the cut surface had a pale rose, and somewhat fleshy or glandular appearance. This tissue was traversed by short channels or lacunæ, varying from the width of a crow-quill to that of a hair. By making numerous thin sections vertically and horizontally, and examining them with a lens and the microscope, these lacunæ could be seen to communicate freely with each other by small, smooth orifices. The vesicles evidently constituted the surface boundaries of the more superficial lacunæ. The lining membrane of the lacunæ and of the vesicles was smooth and glistening; and, when gently scraped with a knife, it yielded a small quantity of whitish debris, which, under the microscope, resolved itself into spheroidal and nucleated cells, resembling those which were found in the discharge during life.”

Dr. Roberts is inclined to believe that the true pathological lesion in this case was hypertrophy of the lymphatic network, by which its channels become varicose. He further believes that as the disease advanced

“the contained cells assume by degrees the property and function of the cells lining the lacteal ducts and lacteal glands; that the more superficial of these varicose enlargements project above the surface of the skin, or of the mucous membrane, as the case may be; and, lastly, let some of these superficial enlargements become ruptured, and discharge their contents externally, or into the urinary passages, and the conditions are presented for the production of chylous urine.”

The appearance presented by the patient is very well shown in the plate which accompanies this paper.

Several other cases, presenting many points of resemblance to Dr. Roberts' case, are referred to in this paper, and it will be remembered by the readers of this Journal, that in the number for April, 1863, page 397, a report of three very similar cases was noticed.

On the Local Application of Carbolic Acid in Uterine Diseases. By D. LLOYD ROBERTS, M.D.—Dr. Roberts has found carbolic acid a useful application in various forms of uterine disease, as, for example, ulceration of the os and cervix uteri, with or without hypertrophy, chronic inflammation of the uterus and cervix with excoriation, follicular disease of the cervical canal, chronic uterine

catarrh, rodent ulcer, and cancer. He believes that it occupies in escharotic power a position intermediate between the milder nitrate of silver and the more powerful corrosive caustics.

An Account of the Present Outbreak of Relapsing Fever in Manchester. By JOSEPH WESTMORLAND, L.R.C.P. Ed.—Relapsing fever appears to have presented the same general characteristics in Manchester as were observed in the late epidemic in Philadelphia. Dr. Westmorland's paper is carefully written, but we find in it only one fact in regard to the disease with which we were not familiar, and that is, that women who are menstruating at the time that the subsidence of the fever occurs, do not, as a general rule, perspire as profusely as others. On the other hand, the author does not appear to have observed that the temperature is frequently higher in the relapse than in the first paroxysm.

Cases Illustrating the Value of Small Blood-lettings in Certain Forms of Heart Disease. By HENRY SIMPSON, M.D.—Although the plural number is used in the title of this paper, there is but one case reported. The patient seemed about to perish in consequence of embarrassment of the action of the heart from over-distension of the right ventricle, when great relief was afforded by the withdrawal of a small amount of blood.

A Report on Seventy Cases of Epilepsy. By D. J. LEECH, M.B., and R. DACRE FOX, M.R.C.S.—A good deal of statistical information in regard to epilepsy will be found in this paper—much of it in the form of tables. The conclusions reached by the writers do not differ from those of Dr. Russell Reynolds. In reference to hereditary influence, we find the following:—

“One thing, however, the history of our patients renders probable, and it is, that hereditary disease plays a more important part than has generally been supposed in the causation of epilepsy. The more minutely the family history was investigated the greater was the difference noted between the frequency of nervous disease in the relatives of epileptics, and in those of others not suffering from the same diseases: we know of no reason for supposing that ours were exceptional cases. There is one other point to which we wish to draw special attention, and that is, to the relation which existed between the post- and inter-paroxysmal condition. It seems probable that a careful observation of the post-paroxysmal state may be to some extent a guide to the prognosis in certain cases.”

It is rather curious that a larger number of male than of female patients ascribed their fits to physical influences, whereas the respective numbers of the two sexes attributing them to psychical causes are exactly reversed.

On Obstructive Suppression of Urine. By WILLIAM ROBERTS, M.D.—Dr. Roberts gives the name of obstructive suppression of urine to a class of cases

“in which there is no primary defect in the kidneys, nor in their vascular or nervous supply, but in which the suppression is due to some mechanical obstruction in the ureters or pelvis of the kidney which impedes the flow of urine. Generally the cause of the obstruction is the impaction of a calculus in the ureter of a person who has only one kidney, or at least only one capable of secreting urine, but it may sometimes be the blocking up of the terminal portions of the ureters by the progress of a morbid growth involving the trigone of the bladder. Much less frequently, congenital malformation of the ureters, or of the renal arteries will constitute an impediment to the outflow of urine. Suppression from obstruction is rarely complete, in most cases urine being voided during its continuance, it may be a few ounces, or it may be a few pints.”

The character of this urine, Dr. Roberts says, is distinctive; it is pale and watery and of low density, and may be accidentally coloured by blood, but it is defective in the proper urinary pigment, and, as a rule, is free from albumen—differing in all these respects from the urine passed in ischuria renalis. In refer-

ence to the manner in which obstruction acts in causing suppression, we extract the following:—

“As soon as the obstruction is established, the urine begins to accumulate above it; the accumulating urine determines an upward pressure, first in the ureter, then in the pelvis of the kidney, and ultimately in the uriniferous tubes. As the urine goes on accumulating, the pressure within these channels necessarily increases, until at length the pressure so created is sufficiently great in the uriniferous canals to counterpoise the pressure within the renal bloodvessels. When this point is reached, the secretion of urine is arrested and total suppression ensues.”

The urine which escapes from time to time through the obstruction will have been secreted under high pressure, and will, in addition to the characters already noted, be deficient in urea. Even when suppression is absolute, seven or eight days elapse before the special symptoms of uræmia make their appearance, but when these do appear the end approaches rapidly, and death is not delayed beyond two or three days. Life is seldom prolonged beyond the eleventh day when the obstruction is complete, but a case is recorded by Rayer in which death occurred on the twenty-fifth day, only two ounces of urine having been passed during the whole course of the illness.

In regard to the treatment, Dr. Roberts says all remedies capable of exciting the contractile power of the ureter, or of relaxing spasms, may be employed, but thinks that more benefit will result from the employment of mechanical means, and recommends, especially, kneading, or shampooing of the renal region and over the course of the ureter. Ten cases are reported in this paper, some of them of great interest.

Notes on Mucous Disease. By WALTER WHITEHEAD, F.R.C.S. Edin.—In our notice of Dr. Eustace Smith's work on *The Wasting Diseases of Children*, published in the April number of this Journal, for this year, we gave an abstract of his description of “Mucous Disease.” We shall, therefore, call attention briefly only to the more important points in Mr. Whitehead's paper. It will be remembered that the disease “is characterized by the secretion of mucus of an abnormal character over mucous surfaces, in which condition the mucus is prone to consolidate into masses, shreds, or tubular casts. These concretions form and exfoliate periodically, each exfoliation being critical, and immediately followed by an amelioration of the symptoms which aggravate up to this point. This critical period is accompanied by pains of a spasmodic character, and of variable intensity.”

The mucus may be discharged from the bowel: 1st, in a more or less inspissated condition; 2d, in a concrete or semi-solid condition. The mucous concretions are not always easily recognized when mixed with the motions, but their nature may generally be recognized if they are floated in water. In some cases they are found in masses the size of walnuts; in others, we get extensive membranes, thick, and of considerable firmness and tenacity. The formation, exfoliation, and expulsion of these mucous structures observe a regular order; each stage of the disease being attended by characteristic symptoms, which have been described in the notice already alluded to. A microscopic examination of the concretions reveals the following construction. “They are composed of layers of a semi-solid, transparent, hyaline, amorphous matrix, in which spherical cells are imbedded together with epithelial cells in various stages of growth, free nuclei, crystals of the triple phosphate, and undigested and undigestible matter.”

A chemical examination of the mucous casts, made by Dr. Andrew Clark, showed that their matrix “is fibrillated by acetic acid. Careful washing and

compression yielded a fluid abundantly coagulable by heat and nitric acid. Prolonged digestion of the casts at an elevated temperature in a solution of nitre produced no fluid abundantly coagulable, or precipitable by acetic acid." The disease occurs much more frequently in women than in men, and generally in persons between thirty and forty years of age. The phlegmatic temperament seems to predispose to it. Among the more common symptoms are dyspepsia, palpitation of the heart, a depressed and desponding condition of the mind, a feeling as if the digestive tract were raw in places, and a variable condition of the tongue. In addition to these, successive crops of eruptions, and the ulcerations left by them, can frequently be detected in the inside of the lips, cheeks, gums, and tongue. Occasionally, too, membranes, resembling those discharged from the bowel, are expelled from the bladder, and in women, during menstruation, from the uterus. The remainder of the description of this disease is so like that given by Dr. Smith, that we shall simply refer our readers to the analysis which we made of his views on this subject.

Mr. WHITEHEAD sums up his conclusions respecting the disease as follows:—

"I. That the mucous membrane, like the skin (and is not the one looked upon as inversion of the other?) is prone, under certain conditions, in certain constitutions, to develop products unnatural to their functions. It is not natural for the skin to produce eczema, neither is it natural for mucous surfaces to produce mucus in a concrete form.

"II. (A.) That the proximate cause of the symptoms referable to this disease is the hypersecretion and accumulation of mucus on the free surface of mucous membranes; such accumulations sheathe and prevent the healthy performance of the functions natural to the part, and thus induce immediate and remote results, the effect of such suppressed functions. (B.) That this hypersecretion indicates a want of balance between nerve-force and germinal matter. (C.) That the nerve-force is perverted by irritation. (D.) That the exciting causes are numerous. (E.) That it is a character of mucous secretions under the influence of irritation for its cell-elements to increase, and its viscosity to diminish. (F.) And that in the disease in question the prolific cell-formations become entangled in the albuminous fluid in which they are found, and present the membranous structures before referred to."

The prognosis is not unfavourable in recent cases, or in those in which the cause of the irritation can be removed, but whenever the disease becomes chronic, it is generally found to be intractable to remedies. The principal points in the treatment are as follows:—

1. "Discover and counteract any cause, either in direct contact, or in the immediate vicinity of the secreting surface, which can be traced as a source of irritation, such as accumulations of scybala, an inflamed pile, or the use of any drugs known to be hurtful in this condition of the system." This applies with especial force to drastic purges. Belladonna and enemata may be given to relieve constipation. 2. "Reinvigorate the strength and allay the nervous irritability. 3. Remove the accumulated mucus; and 4. Prevent its re-formation." To fulfil the 2d indication, bromide of potassium, the various preparations of iron, attention to the skin, and the regulation of the diet are recommended. To meet the 3d, injections of solutions of soda, potassa, and lime may be used, and the re-formation of mucus will be best prevented by the use of astringent solutions. The paper is illustrated by ten cases, and appended to it is a full bibliography, which adds very materially to its value.

This completes the medical papers. Perhaps our readers will have reached the same conclusion as ourselves, that they are not all of equal value, either as regards their subject or the manner in which that subject has been treated, but that the collection as a whole reflects credit upon the writers. We cannot close

this notice without expressing the hope that a series so auspiciously begun may not be allowed to come to a termination for lack of support. J. H. H.

The first surgical paper is on *Operation for Ununited Fracture*, by Mr. A. W. STOCKS, Surgeon to the Royal Hospital, Salford. The case was of a boy, ten years of age, with old fracture of the right tibia and fibula, which had been fruitlessly operated upon, three years previously, by some unmentioned method. After some preliminary treatment with phosphate of iron, strychnia, and nourishing diet, an operation was performed after the plan proposed by Mr. JORDAN of Manchester, which consists in reflecting flaps of periosteum from either end of the bone, which ends are then sawed diagonally, accurately joined together, as the angler splices a broken rod, and the periosteum placed over them. The progress of the case was most satisfactory, and adds the weight of one successful result in favour of this mode of operating.

Two Cases of Deep Abscess treated by Carbolic Acid, are recorded by WM. H. BARLOW, M.D. Both cases appear to have occurred in private practice. The first was one of psoas abscess in a man aged thirty-five years, which had existed four years, and was dependent upon disease of the lumbar vertebrae. After a futile resort to change of air, tonics, and cod-liver oil, the abscess was opened with all the precautions of Professor Lister's method, and with the happiest result, the discharge gradually diminishing, and after the removal of a spicule of bone four months later, the cavity of the abscess became obliterated, and the patient has enjoyed excellent health ever since. The second was a case of disease of the dorsal spinous processes in a young woman eighteen years of age, where the same treatment was adopted with temporarily encouraging results, the abscess almost entirely drying up, but the patient succumbed two years later to disease of the kidneys. Mr. Lister's plan is highly commended, although it is admitted to be cumbrous and inelegant. We have ourselves seen a psoas abscess empty itself, a quart at a time, and the patient recover without the aid of antiseptic putty.

Mr. STOCKS next contributes a paper narrating an instance of *Excision of Hypertrophied Cervix Uteri*, occurring in a patient forty-one years of age. Great difficulty was experienced in attempting the removal of the part by the écraseur, three of which instruments came to grief in the attempt, and the operation was finally accomplished by the use of the knife without any trouble from hemorrhage. The patient had a rather checkered convalescence, the most interesting item in which, from a surgical point of view, being that she suffered a well-marked attack of pyæmia proceeding to the formation of abscesses in the neighbourhood of the ankle-joint, from which, however, she ultimately entirely recovered, but had not menstruated at the time the article was written.

Mr. ANDREW BOUTFLOWER, House Surgeon to the Manchester Royal Infirmary, relates a case of *Traumatic Tetanus*, under the care of Mr. Southam, which followed compound fracture of a phalanx in a girl sixteen years old, twelve days after the receipt of the injury. During the attack, which was of a mild character, $40\frac{1}{2}$ grains of the extract of physostigma were administered by the skin, and $49\frac{1}{2}$ grains by the mouth, the patient making a good recovery. We wish we could share the opinion held by the reporter of this case, that Calabar bean is likely to be of value in the treatment of tetanus. We, also, led by what Dr. Fraser and others have written upon the subject, have tried the remedy with but slight encouragement to continue its use, and we fear that this new remedy must take its place along with the many that have preceded it, which have been equally vaunted to cure this distressing disease.

W. C. WILLIAMSON, F.R.S., Professor of Natural History in Owens College, writes *On Some of the Sequelæ and Treatment of Scarlatina*. The author having, by special circumstances, had his attention drawn to diseases of the ear, was struck with the large number of cases presenting themselves for treatment, the origin of which was attributed to scarlatina, which fact has led him to make a special study of the latter affection. In three hundred and ninety-three cases of disease of the ear, attended with otorrhœa, scarlatina appeared to be the proximate cause in one hundred and seven, and finding in most of these patients well-marked evidence of depressed vital powers, he was led to believe that the same tonic treatment he found effectual for the cure of the otorrhœa might exert a favourable influence upon the cause of it. He finds that in many cases of scarlatina, mostly of a mild type, inflammation extends *via* the Eustachian tube to the mucous membrane lining the cavity of the tympanum, which cavity soon becomes distended with its own secretion, unable to escape through the tube occluded, as it is, by the congestion of its walls; ulceration eventually attacks the membrana tympani, and the membranes closing the fenestra ovalis and fenestra rotunda, and a communication is established between the labyrinth and the meatus auditorius externus, with great impairment of the sense of hearing. We are not instructed as to the best method of treating these complications when they arise, but the author relates nine cases illustrative of those more seriously complicated instances in which brain mischief is added to the other troubles. From his researches and experience, Professor Williamson is convinced that the best method of treating scarlet fever is by free stimulation from the very start, and he does not hesitate to administer to a child seven years of age a bottle of champagne every twenty-four hours. Since adopting this line of practice, he has met with almost no cases of otorrhœa or nephritis, guarding against this latter complication by rigid attention to the protection of his patients from exposure of any kind, and insisting upon prolonged confinement to bed and room, which latter treatment we cannot help regarding as a very important element of his success.

A Case of Sympathetic Disease of the Eye, is the title of the next article, by R. DACRE FOX, M.R.C.S., Resident Medical Officer, Manchester New Workhouse. A man forty years old, with previous healthy history, having lost the sight of his left eye by chronic inflammation, unaccompanied with pain, suffered with some obscure nervous symptoms, consisting of loss, both of power and sensibility, in the extremities, with subsultus tendinum, which gradually proceeded to true clonic convulsions. The attacks were paroxysmal, at intervals of some weeks, between their occurrence the patient being well. After the expiration of fifteen months, during which time all treatment had been fruitless, the eye having become painful, attention was directed to it, and it was removed and found to be entirely disorganized. Since the performance of this operation, in January, 1870, the patient has enjoyed good health, there having been no return of his nervous symptoms up to the time at which the volume was issued, late in the same year. We must regard the title as a misnomer and likely to lead the attention away from the character of the case, which appears to us to have been one of reflex nervous manifestations dependent upon peripheral irritation.

Mr. BOUTFLOWER reports a case of *Popliteal Aneurism*, under the care of Mr. Heath, in a man thirty-five years old, where digital compression, prolonged for seventy-five hours, effected a cure.

Dr. DAVID LITTLE, Surgeon to the Manchester Royal Eye Hospital and Hulme Dispensary, also records *A Case of Diffuse Popliteal Aneurism* resulting from a wrench in a man thirty-one years of age, in which, after ligation of the femoral artery, gangrene of the extremity having supervened, the thigh

was successfully amputated in the upper third while the gangrene was progressing.

Next in order is a *Tabular Statement of One Hundred Cases of Strabismus Convergens*, operated upon by Dr. LITTLE and communicated by C. E. GLASCOTT, M.B., House Surgeon to the Manchester Royal Eye Hospital. Sixty-one of the cases were in females, thirty-nine in males. The greatest number occurred between seventeen and twenty-three years of age, the extreme limits being fourteen months and forty-seven years. The left eye was the one affected in fifty-five cases, and in thirty-nine the trouble existed in the right eye, while in six the squint was alternating. The range of the angle of squint extended from two to four and one-half Paris lines. The principal cause appeared to be slight hypermetropia, varying from one-fiftieth to one-twelfth. Two myopes were among the patients. The operation of Von Graefe was the one adopted in all the cases, and in only seven was a second performance of it on the same eye requisite. Perfect success resulted in ninety per cent., a majority of the remainder declining further interference, being satisfied with the "cosmetic" effect already produced. In only four cases was suture of the tendons resorted to. The tables present a valuable statistical report, which, however, will hardly admit of further analysis, and the paper, though so special in character, is much the most important surgical one in the volume.

MR. EDWARD LUND, F.R.C.S., Lecturer on Anatomy and one of the Surgeons to the Manchester Royal Infirmary, contributes the longest surgical paper in the volume, *On some of the more Recent Methods of treating Wounds*. He considers the difference of practice existing among surgeons as in large measure accounted for by the different reparative powers of their patients, determined by the variations in their mode of living, and tells us that he excludes wounds of the mucous membranes from further consideration, as foreign to his purpose. It is held that the grand object of all surgeons has ever been to exclude the air and prevent putrefaction. The tendency of the atmosphere to promote decomposition is regarded as proved by all experience, and the existence of organic germs in it, capable of acting as ferments, is considered as certain in the light of modern experiments. Suppuration is regarded as always injurious *per se*, of which it is always desirable to limit the amount. The formation of pus is thought to depend upon the vascular excitement kept up by the presence of the irritating ammoniated products of putrescence, and in accordance with these views those substances which are now most in vogue in the treatment of wounds are the very ones which possess powerful antiseptic qualities. Of course this is all merely preliminary to a laudation of carbolic acid—for, putrefaction is the cause of most of the secondary evil consequences of severe wounds, carbolic acid is the best preventive of putrefaction, *ergo*, carbolic acid is the treatment for severe wounds. Mr. Lund does not consider the presence of organized germs essential to decomposition, but merely circumstantial, and "the true source of putrefaction must be sought for in the contact of animal matter, already itself undergoing molecular change, with animal matter no longer able to resist such change by the contending influence of the vital force." The author regards carbolic acid as the best and most manageable substance at present known to prevent putrefaction, but expresses the hope that a more perfect substitute, without the defects it is admitted to have, may yet be found. The Listerian method is admitted to be hardly applicable for amputation wounds. Mr. Lund's style, though clear, is diffuse and elaborately ornate, but we do not see the appropriateness of the motto selected, "he jests at scars who never felt a wound," as the class of wounds of which Romeo spoke are hardly amenable to treatment by carbolic acid. The actual matter of the article, which at the same time is

hardly new, might have been advantageously compressed into one-fourth the space occupied.

Mr. THOMAS WINDSOR contributes a paper on *Retinitis Pigmentosa; its Seat and Nature*. He relates an interesting case of the affection, reviews what has been written by German ophthalmologists upon the subject, and arrives at the following conclusions: "1. That in some, probably in many cases, the disease commences and is chiefly located in the outer layers of the retina. 2. That the disease is probably inflammatory in its nature, and that the inflammatory or nutritive processes in the adjacent portion of the choroid, the inner layers of the retina, the optic nerve, the vitreous and the lens are secondary."

The remaining surgical paper is by Mr. LUND, upon a case of *Excision of the Knee-joint* upon the antiseptic method. The operation was performed under the flow of a carbolic acid lotion, and every effort was made to exclude the air afterwards. The result of the treatment appears to have been perfectly satisfactory to the operator, though as the patient was still under his care when the article was written, five months after the operation, we do not think a better result was obtained than might have been procured by simpler means. The formation of pus was prevented except on one occasion, when some of Mr. Lister's precautions were neglected, for which our author reproaches himself, though no apparently serious effects followed the neglect. But if the abortion of pus is attained, it is evidently regarded as an end with which all reasonable men should be satisfied, even if the healing of wounds is somewhat retarded.

The surgical papers taken together are hardly what we should expect coming from a place where, as the preface says, "machinery in unexampled abundance is in action on every side, producing accidents of endless variety in rich profusion," it being curiously noticeable that there is but one case of surgical accident, and that a trivial one, recorded in the book. But it is sometimes difficult to start a new project, and while we congratulate our brethren of Manchester upon the appearance of their first volume, we will only express the hope that their next may contain a greater variety of surgical material. S. A.

ART. XXIII.—*Transactions of the Obstetrical Society of London*. Vol. XII. For the year 1870. 8vo., pp. l., 428. London: Longmans, Green & Co., 1871.

FOR the convenience of our readers we shall not follow the desultory manner in which the cases are necessarily reported in the volume before us. Still further, as our space forbids more than a very brief summary of the various papers, we shall aim at exposition rather than at criticism; and therefore refrain as much as possible from comment, but group together kindred subjects.

Annual Address.—This was delivered by Dr. GRAILY HEWITT, who was re-elected President of the Society. After reviewing the past year's work of the Society, he gave the usual obituary notices of deceased members. Among these is so generous a tribute to the memory of the late Prof. CHARLES D. MEIGS—an Honorary Fellow of the Society—that we cannot refrain from making the following quotation:—

"Dr. Meigs was a very distinguished ornament of his profession, and a most remarkable man. In our department of medical science, to which Dr. Meigs devoted his great talent, he has left an imperishable memento in his numerous contributions to obstetric literature. * * * * It is impossible to read any of Dr. Meigs' writings without becoming infected, I may say, with a degree of